Hays CISD Contract & Agreement Signature and Transmittal Form

Initator Name/ Title:		Submittal Date:	
Campus Dept:		Contact Extension:	
Vendor Name:		Vendor Number:	
Contract Start Date:		Contract End Date:	
Budget Code:		Federal Funds ?:	☐ Yes ☐ No
Contract Amount:		Requisition Type:	☐ Project ☐ Traditional

Brief Description:

Extension?: ☐ Yes ☐ No Amendment to an existing contract?: ☐ Yes ☐ No Board approval needed?: ☐ Yes ☐ No

Type of contract:

RFP:

Contract:

Quotes:

Other:

***Note: All contracts must be reviewed, approved and signed by a Superintendent delegated Signature Authority in accordance with CH (Local) policy prior to the initiation of any services and/or payments made to vendor.**

☐ **By submitting this form, I certify that the attached contract /agreement will meet the required service and/or supply specifications for my campus/department as requested.**

The campus or department is to complete the Contract & Agreement Transmittal Form and submit a copy of the contract/agreement for review and signature to Contracts@hayscisd.net

Principal/ Dept Mgr Date:

Reviewer/Approver Use Only Below: Formal bid required? ☐ Yes ☐ No

Director of Purchasing Date:

Atl. Reviewer #1 Date:

Comments: